7/18/02

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

NOV 2 8 2007

MICHAEL W. DOBBINS CLERK, U.S. DISTRICT\COURT

IN FORMA PAUPERIS APPLICATION

AND

NOV 28 2007

FINANCIAL AFFIDAVIT

| Supt Gary Hickerson/SGt Stoner Sherriff MK, Herrera/Sherriff MK, Butle Parawedic Ms Bouglas/CT. Julian Sherriff MR, Salmon | r |
|---|---|
| Defendant(s) | |
| 2010Hddir(b) | |

07CV6687 JUDGE LEINENWEBER MAG. JUDGE COLE

| and p I, (other without declarate co | rovide the control of | repayment of fees, or ☐ in am unable to pay the costs t/petition/motion/appeal. It estions under penalty of perconcepted? | waea, anach one of ase PRINT:, declared the case. This support of my mo of these proceed a support of this jury: | that I am the saffidavit constition for appoinings, and that I petition/applic | A refer to each such plaintiff petititutes my application timent of counsel, of am entitled to the ation/motion/appea | question number ioner Imovant on to proceed r to both. I also relief sought in al, I answer the |
|---------------------------------------|--|---|--|--|---|---|
| • | I.D. # —Do yo | 2007 - 0071905 ou receive any payment from | Name of prison the institution? | AP 1911 (\ \/\ | Y // | all |
| 2. | Monti Name | ou currently employed? hly salary or wages: 120 and address of employer: SNICOSO - 1006 | Mathouse | AMO ROUFING | | |
| | a. | If the answer is "No": Date of last employment: Monthly salary or wages; Name and address of last | | | | , |
| | ъ. | Are you married? Spouse's monthly salary of Name and address of emple | □Yes or wages: oyer: | Kino | | 3 |
| 3 | Or mary | rom your income stated about one else living at the same of Mark an X in either "Yes | t BOOLESS TECATIVE | d more than C | `````````````````````````````````````` | |
| | a. Amoun | Salary or wages t | _Received by | | □Yes . | Дио |

| | b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by | □Yes | Жио | | |
|----|--|--|--|--|--|
| | c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by | □Yes | ØNo_ | | |
| · | d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insuranc compensation, ☐ unemployment, ☐ welfare, ☐ alimony or ma | e, □ disability intenance or □ □Yes | y, □ worker child suppo \\\X\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | |
| | Amount Received by | | ١٠٠٠مور. | | |
| | e. ☐ Gifts or ☐ inheritances Amount Received by | □Yes | ŽΝο | | |
| | f. | □Yes | ØΝο | | |
| 4. | Do you or anyone else living at the same address have more than \$200 in cash or checking of savings accounts? Lives Living to you: Relationship to you: | | | | |
| 5. | Do you or anyone else living at the same address own any stocks, financial instruments? Property: In whose name held: Relationship to you: | □Yes | ΔMo | | |
| 6. | Do you or anyone else living at the same address own any real es condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: | tate (houses, □Yes | apartments, | | |
| | Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments: | | | | |
| 7. | Do you or anyone else living at the same address own any automobil homes or other items of personal property with a current market value of | es, boats, trail of more than \$ \[\sum Yes \] | ers, mobile 1000? ØNo | | |
| | Property: | | YEAL 10 | | |
| | Current value: | · | | | |
| | Property: Current value: In whose name held: Relationship to you: | | | | |
| 8. | List the persons who are dependent on you for support, state your relation indicate how much you contribute monthly to their support. If none, che Anulate Gaitia Fiance - Daughter He | onship to each p | person and lependents | | |

| I declare under penalty of perjury that the to 28 U.S.C. § 1915(e)(2)(A), the court sallegation of poverty is untrue. | shall dismiss this case at any time if the court determines that my |
|--|---|
| Date: 111607 | Signature of Applicant |
| • | Sames W Worthern, David sa |
| in the prisoner's prison or jail trust fund ac covering a full six months before you have in your own account—prepared by each in | ner must also attach a statement certified by the appropriate li receipts, expenditures and balances during the last six months counts. Because the law requires information as to such accounts filed your lawsuit, you must attach a sheet covering transactions astitution where you have been in custody during that six-month cate below completed by an authorized officer at each institution. |
| (Inca) (To be completed | CERTIFICATE rcerated applicants only) d by the institution of incarceration) |
| I certify that the applicant named herein, $	extstyle 	extstyle$ | Sames Whichou I.D.# 2007-0071905 has the sum |
| of \$on account to his/her cr | redit at (name of institution) COOK COUNTY AFAT, UF CARRECTIO |
| further certify that the applicant has the fo | ollowing securities to his/her credit: a/A . I further |
| | applicant's average monthly deposit was \$ 10,00 |
| Add all deposits from all sources and then | divide by number of months). |
| 11/15/07 DATE | SIGNATURE OF AUTHORIZED OFFICER |
| | 6. LEWANSKI |
| | (Print name) |

